

LOBBYING SUPPLEMENTAL REGISTRATION FORM**To be used for changes to registrations and terminations.****Instructions**

1. Print in ink or type.
2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
3. This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLYPostmark Date: 4-15-08*Supp-08***1072205**1. NAME Johnson, Ronnie L.
Last First MI2. BUSINESS PHONE (225) 383-90003. BUSINESS ADDRESS One American Place, 14th Floor
301 Main Street Baton Rouge, LA 70825
Street and No. City State ZipMAILING ADDRESS Same as Above
Street and No. City State Zip4. EMPLOYER McGlinchey Stafford, PLLC5. EMPLOYER'S ADDRESS Same As Above
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes..... No....

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Louisiana Cash Advanced AssociationAddress 500 Laurel Street, Suite 550 Baton Rouge, LA 70130Business or purpose Differed Presentment and Small Loans☒ New Representation
Does this person pay you? NoIf No, who pays you? McGlinchey Stafford☐ Terminated Representation as of _____**HAND DELIVERED**

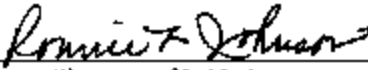
SUPPLEMENTAL REGISTRATION FORM



2. Name Finance America
- Address 500 Laurel Street, Suite 550 Baton Rouge, LA 70130
- Business or purpose Differed Presentment and Small Loans
- ☒ New Representation
Does this person pay you? No
- If No, who pays you? McGlinchey Stafford
- ☐ Terminated Representation as of _____
3. Name _____
- Address _____
- Business or purpose _____
- ☐ New Representation
Does this person pay you? _____
- If No, who pays you? _____
- ☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist